



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

Memo

To: All TennCare Providers
From: TennCare Pharmacy Program
Date: May 11, 2007
Re: Injectable drugs covered through Pharmacy POS

Effective May 1, 2007 claims for adult non-LTC TennCare patients for products considered non-self-administered will deny with a NCPDP denial code 75 (non-PDL) with a supplemental message of "*Medical Benefit : Provider to Bill MCO*". Drugs which are non-self-administered are generally covered through the TennCare Managed Care Organizations (MCO). There may be instances where the prescriber does not have access to the needed drug, a caregiver has been trained to administer the drug, or an emergency exists. In these situations, an override may be requested by calling the First Health call center at (866) 434-5524 or by faxing the request to (866) 434-5523.

In addition, pharmacists should provide the recipient with a copy of the Prior Authorization Required Form (PARF) when either the prescription is not adjudicated or less than the full amount is dispensed. Pharmacists can also contact the First Health call center to request an override.

Drugs which are not subject to this edit and covered through the POS system are on the "Covered Injectable Drugs" list (attached).

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

<p>Thank you for your valued participation in the TennCare program.</p>
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Covered Injectable Drugs			
Product	CC*	Product	CC*
Abilify [®]	X	Influenza Vaccines	
Antihemophilic Factors		Innohep [®]	
Arixtra [®]		Insulins	
Byetta [®]	X	Leukine [®]	
Chlorpromazine		Leuprolide Acetate	
Dihydroergotamine Mesylate		Lovenox [®]	
Enbrel [®]	X	Medroxyprogesterone Acet	
EpiPen [®] /EpiPen Jr [®]		Methotrexate	
Flolan [®]		Miacalcin [®]	
Fluphenazine Decanoate		Neulasta [®]	
Forteo [®]		Neumega [®]	
Fragmin [®]		Neupogen [®]	
Geodon [®]	X	Octreotide Acetate	
Glucagon		Procrit [®] /Epogen [®]	X
Growth Hormones	X	Raptiva [®]	X
Haloperidol Decanoate		Risperdal Consta [®]	X
Heparin		Somavert [®]	
Humira [®]	X	Symlin [®]	X
Interferons, Hepatitis		Synagis [®]	X
Interferons, Multiple Sclerosis		Xolair [®]	X
Interferons, Pegylated		Zyprexa [®]	X
Imitrex [®]			

- CC indicates that clinical criteria must be met prior to dispensing.